

RURAL DISTRICT OF MERE AND TISBURY

---

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

Incorporating

THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

---

for the year 1969



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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
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FOR THE YEAR 1969

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the district during the year 1969. The report follows the recommendations of the Ministry of Health in Circular No. 1, 1970. Sections 5(3) and 15(5) of the Public Health Officers' Regulations, 1959, are referred to in this Circular which sections draw attention to the provision in the Regulations for the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health in this area, in addition to any on which he is specifically required to report.

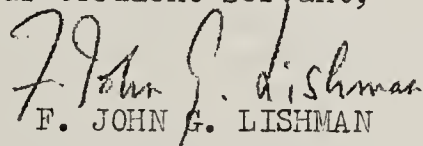
The Report of the Chief Public Health Inspector, Mr. Harry Sharratt, is incorporated. This provided me with detailed information in regard to environmental public health in the district, to supplement that derived from my own personal observation, and enables some further comments to be made.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department, particularly Mr. Sharratt and of my associates in other departments of the Council. I also thank most gratefully my colleagues, the local General Medical Practitioners and Health Visitors, also Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory, for their kind and friendly co-operation, also the County Medical Officer of Health, Dr. C.D.L. Lycett, for his helpful co-operation during the year.

There is an arrangement between the East Wilts Districts and South Wiltshire group of districts, excluding Salisbury City, under which their Medical Officers of Health deputise for each other during holiday periods or other absences from work. I would like to thank my East Wilts colleague Dr. F.D.F. Steede for his help, for the year.


I have the honour to be,

Your obedient Seryant,

  
F. JOHN G. LISHMAN

Medical Officer of Health.

18th July, 1970



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## INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report.

### 1. In the 'Vital Statistics' Section:-

The 'standardised' general death rate of 11.8 per 1,000 is raised from 10.0 for last year, but still fractionally lower than the rate for England and Wales, but higher than the previous year's rate, for the County of Wiltshire. Over half of it was due to diseases of the heart or circulation and over a quarter due to cancer.

The maternal mortality rate is again nil.

The infant mortality rate of 18 per 1,000 live births is much higher than last year's rate of 7.0, but the perinatal death rate is lower at 21 per 1,000 live births, compared with 38 last year.

The Cancer death rate is higher at 3.3, instead of 2.3, and nearly a quarter of these were due to Lung Cancer. The death rate from Heart and Circulation diseases at 7.0 is a little higher than last year (6.5), and is still the most frequent cause of death. Coronary disease, now classified by the Registrar General as "Ischaemic Heart Disease" (rate of 3.8) was the most frequent single 'circulatory' cause.

### 2. In the "Communicable Disease" Section:-

The District was unfortunate in having a high incidence of notifiable communicable diseases, (138), but this was almost entirely due to Dysentery (72) and Measles (59).

Notifications of respiratory tuberculosis fell from four to one.

No case of (respiratory) tuberculosis died during the quarter.

### 3. In the 'Environmental Public Health and Food' Section:-

The need for enrichment of the fluoride-weak drinking water available from the Mere and Maiden Bradley sources remains. The West Wilts. Water Board are still waiting for a lead from the Wiltshire County Council in this matter.

The Mere and Maiden Bradley Sewerage and Sewage Disposal Schemes having been completed in 1968, a scheme is now being prepared by the Consulting Engineers, for the East Knoyle area. Next in priority will be Chilmark, with Teffont.

In housing, in spite of the substantial amount of work done by the Council in providing Council dwellings in previous years there is still a great need for more housing accommodation for people at present without their own homes, plus a much smaller number of people who may be now living in worn out or insanitary buildings in the 'condemned' class. The number of families on the waiting list for housing by the Authority (303) remains nearly the same during the year. The need to conserve every acre of good agricultural land remains important for the health and welfare of this country.

For old people, there is a serious deficiency in that the nearest residential home for the elderly, or seriously handicapped not so old, is at Warminster, too far away and without a regular public transport service from Mere or any other part of the R.D. It is difficult to get a place in the one Welfare Home because of a long waiting list, and once a place is obtained there is a virtual cut-off from younger members of the old person's family unless they have private motor transport.

THE MAIN PUBLIC HEALTH NEEDS - These remain as previously, namely:-

1. More homes, with the minimum encroachment upon agricultural land.
2. Enrichment of fluoride-weak drinking water supplies, to enable teeth to grow healthy and be durable, and reduce the risk from circulatory troubles and bone fragility in old age. (this must wait for action by the Wiltshire County Council, as "Local Health Authority".)
3. Less tobacco smoking. Continued effort to counteract the advertising of cigarettes.
4. Progress in sewage disposal schemes, in priority for East Knoyle, Teffont and Chilmark, Berwick St. John, The Donheads and Kilmington.
5. More residential accommodation for the elderly, particularly a great need for a Residential Home situated within the Rural District.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F.J.G. LISHMAN, M.D., (Hygiene), B.S.,  
(London), D.P.H., (London), L.R.C.P.,  
M.R.C.S., D.L.O., (England), L.M.C.,  
(Canada).  
Address: Office - 26, Endless Street, Salisbury.  
(Telephone Salisbury 5201)  
Residence - "Till Orchard", Berwick St.  
James. (Telephone Stapleford 269)

Chief Public Health Inspector: H. SHARRATT, M.A.P.H.I.

Additional Public Health  
Inspector: B. ROBERTS, M.A.P.H.I.

Clerk (Mere Office) MISS D. MILLS

Clerks (Salisbury Office): MRS. M. SAMWAYS  
MRS. M. HEWETT ) Part time with Surveyor  
MISS A. SHEPPARD.) of Salisbury and Wilton  
R.D.C.

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under the arrangement made in 1954, acts as a Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the Salary for the Joint Appointment is allocated to the Mere and Tisbury Rural District Council and five elevenths to the Wiltshire County Council.

GENERAL STATISTICS

Number of Parishes .. .. .	26
Area in Acres .. .. .	71,319
Population, 1961 Census .. .. .	11,195
Population, Registrar General's Estimate for mid year .. .. .	11,420
Density of Population - people per acre .. .. .	0.15
Number of inhabited dwellings (houses or flats) .. .. .	4,209
Number of inhabited dwellings owned by the Council at the end of the year. . . . .	780
Number of new Council dwellings built during the year.. .. .	17



Number of applications for Council housing at the end of the year on waiting list.. .. .	303
Rateable Value (31st March, 1970) .. .. .	£324,143
Product of a Penny Rate .. .. .	£1,274

# ADMINISTRATIVE CHANGES IN THE PUBLIC HEALTH DEPARTMENT DURING THE YEAR

There was no change during the year in the administration of the Public Health Department. But during the year the first version of the Government Green Paper on Reorganisation of the Health Services was published but was later withdrawn. Early in 1970, before this report was written, a revised version of the Green Paper was published and the following very brief summary may be of interest.

Very briefly the Green Paper envisages amalgamation of the present three main divisions, (Hospitals, General Medical and Dental, and Public Health) into a new organisation run by the Area Health Boards, which would have only one-third Local Government representation the other two thirds being half professional (Medical, dental, nursing etc.) representatives, and half nominated by the Secretary of State, with also a nominated Chairman. The areas of the Boards would be coincident with that of the White Paper Unitary Authorities, but there would be some devolution by the Boards to "District Committees" covering sub-areas related to District General Hospitals. Few areas would have more than two such District Committees, and some would have none.

Although the main object of the Green Paper, to unify the Health Services is laudable, in fact its provisions embody a split in one of the three major sections, namely the Public Health Service, for while all parts of present Local Government Public Health with an entirely environmental Public Health (Water, Sewage, Refuse, Housing etc.) and the control of communicable diseases, would stay with the Unitary Local Authorities, which would have no medical staff of their own, but which have to "borrow" from that of the Area Health Boards, which instead of having Medical Officers of Health will have doctors with similar functions but inappropriately called "Community Physicians". It seems to many present Medical Officers of Health that if the control of Communicable Diseases is to be left with Local Authorities, some statutory powers should be given to the "borrowed" Community Physicians to equal those at present exercised by Local Medical Officers of Health. Under the Green Paper proposals the present County District Medical Officers of Health would disappear entirely.

Note: This section of the Annual Report was written before the General Election in June. However, it was known that all three main political parties favoured unification of the currently tripartite National Health Service, so when a "White Paper" follows the (second) Green Paper, it seems probable that this will differ only in detail, rather than in major principles.

## VITAL STATISTICS

TABLE I

### BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

	Male	Female	Total
Live Births, Legitimate.. .. .	68	57	125
Illegitimate .. .. .	6	7	13
	<u>74</u>	<u>64</u>	<u>138</u>

Illegitimate Live Births per cent of Total Live Births .. 9

Crude Live Birth Rate per 1,000 population .. .. 12.1

Comparability Factor for Births - (This 'Standardizes' or compensates for age and sex distribution of the local population so that the standardized birth rate can be compared with the rate for England and Wales, and with similarly standardized birth rates in other areas.)

.. .. 1.19

Standardized Live Birth Rate .. .. 14.4  
(This is 92% of the national rate)

						<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	Legitimate	..	..	..	..	1	1	2
	Illegitimate	..	..	..	..	0	0	0
						1	1	2

Total Live Births and Still Births .. .. 75 65 140

Still Births, rate per 1,000 Live and Still Births .. .. 14

Infant Deaths	Legitimate	..	..	..	..	1	3	4
	Illegitimate	..	..	..	..	0	0	0
						1	3	4

Infant Mortality Rate per 1,000 Live Births Legitimate .. .. 32  
Illegitimate .. .. 0  
Total .. ..

For Comparison - I.M.R., England and Wales .. .. 18  
I.M.R., Wiltshire(previous year).. .. 19.0

						<u>Male</u>	<u>Female</u>	<u>Total</u>
Neo-Natal (in first four weeks) Deaths,	Legitimate	..	..	..	..	1	0	1
	Illegitimate	..	..	..	..	0	0	0
						1	0	1

Neo-Natal Mortality Rate .. .. 7

Neo-Natal Mortality Rate (England and Wales) .. .. 12

						<u>Male</u>	<u>Female</u>	<u>Total</u>
Early Neo-Natal Deaths (in first week)	Legitimate	..	..	..	..	1	0	1
	Illegitimate	..	..	..	..	0	0	0
						1	0	1

Early Neo-Natal Mortality Rate .. .. 7

Early Neo-Natal Mortality Rate (England and Wales) .. .. 10

						<u>Male</u>	<u>Female</u>	<u>Total</u>
Perinatal Deaths (Still Births + Early Neo-Natal Deaths).								
	Legitimate	..	..	..	..	2	1	3
	Illegitimate	..	..	..	..	0	0	0
						2	1	3



Perinatal Mortality Rate (per 1,000 Live + Still Births)	..	..	21
Perinatal Mortality Rate (England and Wales)	..	..	23
Maternal Deaths (including Abortion)	..	..	0
Maternal Mortality Rate per 1,000 Live and Still Births..	..	..	0

#### COMMENT

The Registrar General's estimate of mid-year population of the Rural District is lowered by 60. The population is nevertheless reasonably static. The standardized birth rate has slightly lowered from 15.6 to 14.4 per 1,000 population (standardized). The five previous years' 'standardized' birth rates were (1964) - 18.8, (1965) - 17.4., (1966) - 14.7., (1967) - 15.6., and (1968) - 15.6. The Infant Mortality Rate is raised from 7 to 32. But the relatively small number of births and deaths in a small population makes the calculated rate subject to big chance factors. Each single death makes a difference of 6 units in the I.M.R. Thus a death on the 31st December, instead of the 1st January, could cause a difference of 12 between the I.M.R., of one year and the next, hence big annual fluctuations can occur, especially when a lot of deaths happen to occur just before or after the end of a particular year.

One feature in these statistics is the still rather high 'perinatal' death rate. This is due to the occurrence of two still births during the year, with a P.M.R., of 21, but this is nevertheless a little lower than the National perinatal mortality rate of 23 per 1,000 live and still births.

TABLE II

#### DEATHS AND DEATH RATES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths.	98	67	165
Crude Death Rate per 1,000 population	..	..	14.4
Comparability Factor for Deaths.	..	..	0.82

This factor, being substantially less than unity, indicates that the age distribution of the local population is more elderly than that of the Country as a whole. Its application makes the local 'crude' rate comparable with that of the Country, and with similarly adjusted rates from other localities.

Death Rate as standardized by Comparability Factor.. 11.8  
(This is 84% of the National Rate)

Death Rate for Wiltshire (previous year) - Standardized.. 10.9

Death Rate for England and Wales for comparison .. 11.9  
(But Registrar General has indicated that the Mere and Tisbury Rural District Death Rate (as standardized) is 99% of the National Death Rate.)

#### COMMENT

The standardized death rate is higher than that of last year, (10.0) but is almost identical with the national figure.

#### NATURAL INCREASE

Increase of Live Births over deaths for the year	..	..	MINUS 27
Rate of Natural Increase, per 1,000 of population	..	..	MINUS 25
(This is due to the above average number of deaths during the year)			

TABLE III

Certain 'Specific' Death Rates in Inverse 'Health Index' Value  
(Rates per 1,000 population, except for maternal rate)

1.	Deaths due to Tuberculosis (all forms) - both sexes.	..	..	1
	Tuberculosis Death Rate	..	..	0.1
	Deaths due to Respiratory Tuberculosis	..	..	1
	Respiratory Tuberculosis Death Rate, Wiltshire for comparison	..	..	0.39
2.	Deaths from Cancer and related Malignant Diseases	..	..	37
	Specific Death Rate from Cancer (all forms)	..	..	3.3
	Previous year's Death Rate from Cancer (all forms) Wiltshire	..	..	1.98
	Deaths from Lung Cancer	..	..	6
	Specific Death Rate from Lung Cancer.	..	..	0.5
	Previous year's Death Rate from Lung Cancer, Wiltshire	..	..	0.47
3.	Deaths from Heart Disease and other diseases of the Circulatory System	..	..	83
	Specific Death Rate from Heart Disease	..	..	7.0
	Rate for Ischaemic Heart (Coronary) Disease only	..	..	3.8
4.	Maternal Deaths (due to Pregnancy, Childbirth, or Abortion)	..	..	0
	Maternal Mortality Rate - per 1,000 live and still births	..	..	0
5.	Deaths from Accidents and Violence (all forms)	..	..	7
	Deaths from Accidents and Violence (Motor Vehicles)	..	..	3

#### COMMENT

Certain of the specific 'index' mortality rates are analysed, or broken down, in the following Table IV. On the whole, these 'inverse indices' of the state of health of the community are satisfactory. Most are on the low side except the rate for Heart Diseases, and for Cancer, which is higher than for Wiltshire. There was a '0.1' specific death rate from Tuberculosis and a 'nil' rate from Pregnancy, Childbirth and Abortion (Maternal Mortality). Both these later statistics are satisfying to record. (See also comment after Table IV).

#### ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into many disease headings. These headings lend themselves to a considerable extent to 'grouping' the causes of death together in 'families' or types of disease related to each other, study of the trends in which groups may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to classify the Registrar General's annual table for this district into 'family' groups labelled 'A' to 'O' as set out in Table IV.

TABLE IV.

#### ANALYSIS OF DEATHS BY CAUSES

##### Group A - Certain Communicable Diseases

		Male	Female	Total	Rate per 1,000 population
1.	Cholera	0	0	0	0
2.	Typhoid Fever	0	0	0	0
3.	Bacillary dysentery and amoebiasis	0	0	0	0
4.	Enteritis and other diarrhoeal diseases	1	0	1	0.1
5.	Tuberculosis of respiratory system	0	0	0	0



(TABLE IV CONTD.)

					Male	Female	Total	Rate per 1,000 population
6.	Other tuberculosis, including							
	late effects .. .. .				0	0	0	0
7.	Plague. .. .. .				0	0	0	0
8.	Diphtheria . .. .				0	0	0	0
9.	Whooping cough .. ..				0	0	0	0
10.	Streptococcal sore throat and							
	scarlet fever .. .. .				0	0	0	0
11.	Meningococcal infection ..				0	0	0	0
12.	Acute poliomyelitis .. ..				0	0	0	0
13.	Smallpox .. .. .				0	0	0	0
14.	Measles .. .. .				0	0	0	0
15.	Typhus and other rickettsioses				0	0	0	0
16.	Malaria .. .. .				0	0	0	0
17.	Syphilis and its sequelae ..				0	0	0	0
18.	All other infective and parasitic							
	diseases .. .. .				0	0	0	0
GROUP TOTAL					1	0	1	0.1

Group B - Cancer and related malignant diseases and benign neoplasms

19.	Malignant neoplasm - stomach	4	2	6	0.5
20.	Malignant neoplasm - lung,				
	bronchus .. .. .	6	0	6	0.5
21.	Malignant neoplasm - breast	0	4	4	0.35
22.	Malignant neoplasm - uterus	0	1	1	0.09
23.	Leukaemia .. .. .	0	0	0	0
24.	Other malignant neoplasms,				
	including neoplasms of lymph-				
	atic and haematopoietic tissue	12	8	20	1.7
25.	Benign neoplasms and neoplasms				
	of unspecified nature ..	0	0	0	0
GROUP TOTAL					3.3

Group C - Endocrine and metabolic and blood disorders

26.	Diabetes mellitus .. ..	2	0	2	
27.	Avitaeminoses and other				
	nutritional deficiency ..	0	1	1	
28.	Other endocrine, nutritional				
	and metabolic diseases ..	0	1	1	
29.	Anaemias .. .. .	1	0	1	1
30.	Other diseases of blood and				
	blood forming organs ..	0	0	0	0
GROUP TOTAL					0.4

Group D - Mental Disorders

31.	Mental Disorders GROUP TOTAL	0	0	0	0
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Group E - Nervous System

32.	Meningitis .. .. .	0	0	0	0
33.	Other diseases of nervous system				
	and sense organs .. ..	0	0	0	0
GROUP TOTAL					0



(TABLE IV CONT.)

					Male	Female	Total	Rate per 1,000 population
<u>Group F - Circulatory system</u>								
34.	Active rheumatic fever	..	..	..	0	0	0	0
35.	Chronic rheumatic heart disease	..	..	..	0	1	1	0.1
36.	Hypertensive disease	..	..	..	1	2	3	0.25
37.	Ischaemic Heart disease (formerly 'Coronary' Disease)	..	..	..	26	13	39	3.8
38.	Other forms of heart disease	..	..	..	4	4	8	0.7
39.	Cerebrovascular disease (incl -uding 'strokes')	..	..	..	9	14	23	2.4
40.	Other diseases of the circu- latory system.	..	..	..	4	5	9	0.8
GROUP TOTAL					44	39	83	7.0
<u>Group G - Respiratory system</u>								
41.	Influenza	..	..	..	2	0	2	0.2
42.	Pneumonia	..	..	..	4	3	7	0.6
43.	Bronchitis, emphysema.	..	..	..	9	0	9	0.8
44.	Asthma	..	..	..	0	0	0	0
45.	Other diseases of the respiratory system	..	..	..	1	0	1	1
GROUP TOTAL					16	3	19	1.7
<u>Group H - Alimentary system</u>								
46.	Peptic ulcer	..	..	..	0	0	0	0
47.	Appendicitis	..	..	..	0	0	0	0
48.	Intestinal obstruction and or hernia	..	..	..	1	0	1	0.1
49.	Cirrhosis of liver	..	..	..	0	0	0	0
50.	Enteritis and Diarrhoeal Diseases other than in Group A	..	..	..	0	0	0	0
50(a)	Other diseases of the digestive system	..	..	..	2	0	2	0.2
GROUP TOTAL					3	0	3	0.25
<u>Group I - Genital and urinary systems</u>								
51.	Nephritis and nephrosis	..	..	..	0	0	0	0
52.	Hyperplasia of prostate	..	..	..	0	0	0	0
53.	Other diseases of the genito- urinary system	..	..	..	1	0	1	0.1
54.	Abortion	..	..	..	0	0	0	0
55.	Other complications of pregnancy, Childbirth and puerperium.	..	..	..	0	0	0	0
GROUP TOTAL					1	0	1	0.1
<u>Group J - Skin</u>								
26.	Disease of the skin and subcutaneous tissue	..	..	..	0	0	0	0
<u>Group K - Muscles and bones (other than accidents)</u>								
57.	Disease of the musculoskeletal system and connective tissue	..	..	..	0	0	0	0

(TABLE IV CONTD.)

		<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
<u>Group L - Congenital defects or injuries</u>					
58.	Congenital anomalies ..	1	2	3	0.25
59.	Birth injury, difficult labour, and other anoxic and hypoxic conditions.. .. .	1	0	1	0.1
60.	Other causes of perinatal mortality .. .. .	0	0	0	0
	GROUP TOTAL	2	2	4	0.35

Group M 'Ill defined'

61.	"Symptoms" and ill defined conditions;.. .. .	0	1	1	0.1
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Group N - Accidents

62.	Motor Vehicle accidents	3	0	3	0.25
63.	All other accidents ..	1	1	2	0.2
64.	Suicide and self-inflicted injuries .. .. .	1	1	2	0.2
	GROUP TOTAL	5	2	7	0.6

Group O - Other

65.	All other external causes	0	1	1	0.1
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ALL CAUSES, GRAND TOTAL: 98    67    165    17.0

COMMENT ON TABLE IV

Deaths from Diseases of the Heart and Circulatory System, as usual the most common cause of death in this district, have risen from 6.5 to 7.0 per 1,000 and amount to just under half of the total number of deaths, and remain the greatest fatal endemic diseases affecting the district. Excepting No. 39 (stroke) which is liable to cause patients and their relatives great discomfort, anxiety, and, for the relatives, sometimes unbearable strain, this group is probably the most satisfactory one to belong to in the Registrar's case book of deaths. However, in the case of item 37, (Ischaemic Heart Disease) this does often involve a sudden and fearful blow to a family where the breadwinner is taken away during probably the most lucrative and responsible period of life.

There was one death (Male) from lung tuberculosis, but I am glad to report that the lung cancer death rate has dropped from 0.6 to 0.5 per 1,000. The 'nil' Maternal Death Rate has already been noted. The deaths from accidents and violence have remained the same, and included two suicides and three motor vehicle accidents.

Heart Disease

This high mortality from heart disease, is and is likely to remain for many years, a challenge to the public health departments. It is now believed that this can be reduced, or at least postponed to a later date by the following measures:-

- (i) Certainly, by reduction of weight, especially in the already obese.



- (ii) Less certainly, but probably, by reduction of the amount of sugar, and of animal fat in the diet, (butter, cream, meat fat, bacon fat, etc.) Fish oil and certain vegetable fats (e.g. linseed and maize oils) are believed to be less harmful, and indeed to some extent displace, or counteract, the effect of meat and milk fat, in the diet. It is thus safer to fry foods in 'corn' oil, than in butter, lard or meat 'dripping'.
- (iii) Regular moderate exercise - 'Walk instead of drive' - where practicable.
- (iv) Giving up the smoking of tobacco, or reducing it to a minimum of pipes or of cigars, but no cigarettes.

To publicise these measures, together with the special dangers of cigarette smoking in regard to two other dangerous diseases, lung cancer and bronchitis, is now a major duty of the public health departments.

#### TOBACCO SMOKING Lung Cancer and Other Effects.

Evidence still continues to accumulate about the harmful effects of smoking tobacco, especially in the form of cigarettes. But in addition to causing cancer of the breathing organs, the effect of these organs of chronic inflammation - Bronchitis - is becoming more and more evident. Effects in the heart and larger blood vessels are also well known. It is almost incomprehensible how adult people can ignore the advice of doctors in the face of the overwhelming evidence, linking the childish habit of cigarette smoking with dangerous and socially destructive diseases.

#### COMMUNICABLE DISEASES

The measure of the extent to which people are immunised against communicable diseases in a district has become one of the 'indices' of the health of the community. 'Artificial' immunisation against certain diseases amenable to prevention, or attenuation, but this method is now available for a number of communicable diseases, which number increases every few years. As long as this method of protection against specific communicable diseases is not allowed to obscure the wider general measures for the promotion of health - housing, good nutrition, education, interesting occupation and creative use of leisure time, its gradual development and multiplication is all to the good. The longest established and so far most proven successful and lasting artificial immunisations, are those against smallpox and diphtheria. In more recent years protection against whooping cough, tetanus, measles and against poliomyelitis have been accepted as normal practice. For Wiltshire, the Wiltshire County Council as Local Health Authority under the National Health Service, operates in this district a scheme for protection against these six diseases. Smallpox immunisations are done by the 'Family Doctors' under the National Health Service for the County Council. These are now done at a later age, 15 - 18 months old, instead of the first six months of infancy. The other immunisations are performed either by the 'Family Doctors' or by the County Council's Medical Officers at Child Health Clinics or especially held immunisation clinics, usually arranged at Central Clinics or at schools. In this area, all the immunisations (except for oral poliomyelitis) are still carried out by doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted for injections.

Anthrax immunisations are available for certain people at special risk. In the Rural District Council this applies only to the Mere Brush Factory, and the County Council arranged for me to begin the immunisation of a small number of brush factory workers who handle imported material that could possibly harbour anthrax germs. This immunisation will be reinforced annually hereafter. Materials, however, go through a cleansing process before arriving at Mere, so risk is extremely minimal.



Again this year, I am omitting the tables of immunisation statistics which the County Medical Officer of Health Dr. C. D. L. Lycett, has regularly provided, broken down for each District separately. These tables are not received until after the drafting of this Annual Report which is now rendered possible earlier in the year because the Registrar General sends me the annual statistical returns for the District late in the spring, instead of early summer, a welcome innovation due to the introduction of computers. This enables me to start drafting the Annual Reports for my three districts two months earlier than in years prior to 1966. The immunisation figures will, of course, later be available in Dr. Lycett's own Annual Report of the County Medical Officer of Health, which usually, being more complex, appears a little later in the year.

#### Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise only those diseases which are compulsorily 'notifiable' under the Health Services and Public Health Act, 1968, and the Public Health Infectious Diseases Regulations act, 1968. A proportion of these notifiable diseases does not get notified because although legally the head of the family used to be (under previous Regulations) responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he makes the notification.

Certain common communicable diseases, such as influenza, rubella and mumps, and also brucellosis and venereal diseases, because they are not generally 'notifiable' cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included for some minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

The year was again remarkable for an extremely low incidence of all kinds of notifiable disease, even measles, no cases of 'food poisoning' were notified, but two cases were otherwise discovered - of Salmonella Enteritidis Jona infection.

#### Tuberculosis

This year there was only one new notified case of tuberculosis. At the time of writing this report there was a total of 38 cases of tuberculosis in my register for the Rural District. 33 of these were respiratory and 5 non-respiratory. This is a small reduction since a year previously, when, at the same time, there were 42 cases on the register.

#### Epidemiology - General

As a cause of epidemic disease, heart, cancerous and respiratory diseases have replaced the old idea of 'infectious disease' as prime epidemiological agents. Public Health workers are now trying to tackle this trio of killers with (it is hoped) the same energy as they used to tackle the now weakening group of 'communicable' diseases.

The efforts to persuade people to reduce tobacco smoking as a step in the prevention of bronchitis and lung cancer, and the cervical cytology clinics for the prevention of cancer of the neck of the womb, are examples of modern epidemiology in the public health service. So are the efforts to avoid obesity, (especially if caused by excessive eating of sugar and animal fat), plus the taking of regular moderate exercise still, after middle age, as measures to reduce heart and circulatory diseases. However, the development of new types of 'infectious diseases' especially the very numerous different 'virus' diseases which are not yet notifiable now present a new problem, so are strains of bacteria causing the older diseases which have become resistant to overworked forms of antibiotic

or other drug treatment. In this connection the massive feeding of antibiotics to farm animals subsequently to be used for human food is possibly dangerous, by tending to produce directly or indirectly, resistant strains of bacteria and also, perhaps, human allergies.

TABLE VI

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

1.	<u>Tuberculosis</u>	Sub div'ns of main diseases	Main Disease	Group Total
(a)	Respiratory .. .. .	1	1	1
(b)	Meninges and Nervous System..	0		
(c)	Other forms .. .. .	0		
(d)	Group Total .. .. .		1	1
<hr/>				
(Newly notifiable Respiratory Tuberculosis Rate per 1,000 population - Nil)				
2.	<u>Other Respiratory Notifiable Diseases</u>			
(a)	Whooping Cough .. .. .		0	
(b)	Pneumonia Acute .. .. .		0	
(c)	Group Total.. .. .			0
<hr/>				
3.	<u>Diphtheria</u> .. .. .		0	0
4.	<u>Meningococcal Infection</u> ..		0	0
5.	<u>Virus Diseases of Nervous System</u>			
(a)	Poliomyelitis - Paralytic ..	0		
(b)	Poliomyelitis - Non Paralytic	0		
(c)	Total		0	
(d)	Encephalitis - Infective ..	0		
(e)	Encephalitis - Post Infective	0		
(f)	Total .. .. .		0	
(g)	Group Total .. .. .			0
<hr/>				
6.	<u>Other Notifiable Virus Diseases</u>			
(a)	Measles (excluding Rubella)	59		
(b)	Smallpox .. .. .		0	
(c)	Infective Hepatitis .. .. .	4		
(d)	Group Total .. .. .			63
<hr/>				
7.	<u>Alimentary Infection or Poisons</u>			
(a)	Dysentery - Bacterial .. ..	72		
(b)	Dysentery - Other.. .. .	0		
(c)	Total .. .. .		72	
* (d)	Typhoid Fever. .. .. .		0	
(e)	Paratyphoid Fever.. .. .		0	
(f)	Food Poisoning .. .. .		2	
(g)	Group Total .. .. .			74
<hr/>				
8.	<u>Streptococcal Group</u>			
(a)	Scarlet Fever .. .. .		0	
(b)	Erysipelas .. .. .		0	
(c)	Group Total .. .. .			0
<hr/>				

\*Note: One case of Typhoid fever occurred, after a visit to Italy, but was notified from Odstock Hospital, so that the case is recorded in the statistics of the Annual Report for the Salisbury and Wilton R.D.C.



9. Miscellaneous Group

(a)	Puerperal Pyrexia	..	..	..	0	
(b)	Ophthalmia Neonatorum	..	..	..	0	
(c)	Other Notifiable Diseases	..	..	..	0	
(d)	Group Total	..	..	..	0	

10. All 'Notifiable Diseases' Total: 138

COMMENT

This year the normally expected biennial wave of measles occurred. Otherwise the statistics for notified communicable diseases are swollen because of dysentery in the western part of the Rural District, chiefly in Mere. The Dysentery was of the Sonne type, which though mild, is a squalid and tedious nuisance.

TABLE VI (a)

FOOD POISONING ETC.

(Salmonella Infections that are not considered to be food borne are not included under items (2),(3), or (4) but are shown separately under item (5)).

1. (a) FOOD POISONING NOTIFICATIONS (corrected) AS RETURNED TO REGISTRAR GENERAL

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0
CASES OTHERWISE ASCERTAINED				

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	2	2

(c) SYMPTOMLESS EXCRETORS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

2. PARTICULARS OF OUTBREAKS

Agent	No. of outbreaks		No of cases		Total number of cases
	Family out-breaks	Other out-breaks	Notified	Otherwise ascertained	

Agent identified:

(a) Chemical Poisons					
(Type to be stated)	0	0	0	0	0
(b) Salmonella typhimurium	1	0	0	2	2



Agent	No. of outbreaks		No. of cases		Total number of cases
	Family out-breaks	Other out-breaks	Notified	Otherwise ascertained	
(c) Staphylococci	0	0	0	0	0
(d) C. botulinum	0	0	0	0	0
(e) C. welchii	0	0	0	0	0
(f) Other Bacteria	0	0	0	0	0
TOTALS	0	0	0	2	2
Agent not identified	0	0	0	0	2

### 3. SINGLE CASES

Agent	No. of Cases		Total No. of Cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical Poisons (Type to be stated)	0	0	0
(b) Salmonella (Type S.typhimurium)	0	0	0
(c) Staphylococci	0	0	0
(d) Cl. botulium	0	0	0
(e) Cl. Welchii	0	0	0
(f) Other bacteria (to be named)	0	0	0
TOTALS	0	0	0
Agent not identified	2	0	2

### 4. SALMONELLA INFECTIONS, NOT FOOD BORNE

Salmonella type	Outbreaks		No. of Cases (Outbreaks)	Single Cases	Total No. of Cases (outbreaks and single cases)
	Family	Other			
Totals	0	0	0	0	0

### 5. PARTICULARS OF OUTBREAKS

The two cases occurred in the same farming family, in which the same organism was prevalent among the cattle.

COMMENT - This table is a return required by the Ministries of Health, and Agriculture, Fisheries and Food, so is included in this Report in spite of its containing, very happily, minimal entry.

## PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital service of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, Chiropody Service the Child Health Clinics and the School Health Service, with its specialised auxiliary services, such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the 'Care and After-Care' service, which is largely concerned with tuberculous people, their families and other contacts, and with 'Chronic Sick' and aged people outside hospitals.

### Cancer Prevention

Lungs: The County Council continues its anti-smoking health education campaign.

Breast, Uterine and Cervical Cytology Clinics: This service is now provided in various parts of Wiltshire by the County Council. At the end of the year the nearest of these clinics were at Salisbury and Warminster. Arrangements are also made for Wiltshire women from the Mere area to attend the Dorset County Council Clinic at Gillingham if this is more convenient to them. This is a valuable service and I hope that as many women aged 25 - 55 as possible will avail themselves of it. Details of tests carried out will be found in the Annual Report of the County Medical Officer of Health.

### Family Planning

Clinics run by the Family Planning Association, but supported partly by the Wiltshire County Council, by providing premises, equipment and staff, are now operating twice a week at the Central Health Clinic Salisbury, and others are available at Warminster, Bath and Devizes.

### Handicapped Children

The School Health care and special education needs of handicapped children also comes under the Wiltshire School Health Service.

### School Premises

The hygiene of School premises, as of most other buildings, concerns the local Public Health Authority as well as the Educational Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements for improving hygienic conditions were made during the year, special attention being paid to the dish and utensil washing facilities in the service for school meals and the quality and quantity of hand washing equipment in proximity to voiding accommodation. The Rural District Council is fortunate in having two excellent and modern secondary schools within its area, the Dunworth at Tisbury and the Duchy Manor at Mere. Each of these now has an excellent swimming pool. I am glad that these may now be used also by primary school children in the near neighbourhood, where the primary schools have no pool of their own.

### Pre-School Play-groups

To meet the need for companionship, play-activity and fundamental education, pre-school playgroups are being established in many parts of the county, some by Local Authorities (when they are sometimes called nurseries or nursery schools, if they have five or more children over the age of five years.), or by private individuals. There were, at the end of the year, privately run pre-school playgroups operating in the Rural District as follows:-

1. Ludwell - Coronation Hall,
2. Mere - The Old Rectory, Mrs. Longbourne



3. Mere - At Youth Club
4. Teffont Magna - Hill Meadow, Mrs. Long-Fox.
5. Tisbury - Congregational Hall, Mrs. B. Oliver.
6. Tollard Royal - (Sandroyd School Grounds)

The County Health Department have arranged for me to inspect these and any proposed new, play groups within the Rural District.

### Handicapped Adults

The Social care of handicapped adults, including the blind and deaf and of old people, comes under the County Council services. But the Local Authority has obligation in regard to their housing, and has certain powers, under Section 47 of the National Assistance Act for enforcing institutional care if necessary. The Local Authority has also delegated some of its power as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own authority in emergency, to obtain a Justice's order, for a period of up to three weeks detention, in hospital or a Welfare Home. The Medical Officer of Health saw a few old people, to a greater or less extent needing care and attention. In this particular Rural District however, removal to an institution was either unnecessary or was arranged for voluntarily, either by the person applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. I am glad to say that compulsory powers did not have to be used in the year, nor for several years past, in this District.

### ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

As stated in previous Annual Reports and annually repeated because of its basic importance, human health is still greatly influenced by the environment (including housing) and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, a water supply containing the necessary mineral impurities for promoting health but free from harmful bacteria, etc., safe (and preferably not wasteful) disposal of body wastes, refuse collection and disposal, control of flies, mosquitoes and other insects, rodents and other vermin, quality, quantity and freedom from adulteration or infection of food supplies including especially such universal and basic foods such as bread, milk, meat. Food hygiene concerns not only the home, but also places where food or drink are prepared or consumed including schools and other eating rooms, public restaurants, hotels, and public houses. Avoidance of certain adverse habits such as excessive tobacco smoking or excessive regular alcohol drinking, is also important.

Some of these matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. H. Sharratt, which is incorporated in this Annual Report. Comments on the following matters are, however, made in this section of the Report.

### Housing

This is probably the most important, among man-controlled ones, of the various factors influencing health mentioned above. Bad housing, (or worse, no housing accommodation), overcrowding, living with 'in laws' adjacent to noisy neighbours, are monotonously found to be at the back of many peoples worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body if more peoples housing problems could be solved. The full extent of the housing problems cannot be measured only by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ('flats') though these waiting lists are large. Some people are probably living in unsuitable accommodation who have not applied for Council Housing. At the end of the year there were 303 actual applications for Council Housing on the waiting list, an increase of 21 compared with the end of the previous year.



There is no (public authority) residential home for the elderly or seriously handicapped less elderly people within the Rural District. The nearest is the Wiltshire County Council Residential Home 'Woodside' at Warminster, or for the sick, Samborne Hospital, Warminster. There is no regular public transport service from Warminster to the Mere and Tisbury Rural District, particularly to Mere, which although only eight miles away, is cut off by high ranges and without a bus service over them. A visit to the County Council's new Residential Home at South Fields, Devizes shows how excellent such provision for the elderly who cannot live in their own homes, can be.

### Housing Statistics

A copy of the annual return which I am required to make to the County Medical Officer of Health of Wiltshire will be found on pages three and four of the report of the Chief Public Health Inspector.

The number of dwellings in this Rural District at the end of the year was 4,209. Accommodation owned by the Council consisted of flats bungalows and other dwellings, totalling 780.

### Special Housing Needs of Old or Handicapped People

The grouped dwellings for old or handicapped people at Mere and Tisbury were both under construction by the end of the year, and that at Mere was opened by the time this report was written. Named The Lynches after some prehistoric earth formation, they provide delightful small homes in a beautiful setting.

### Improvement Grants

'Discretionary' Grants were continued during the year. The smaller 'Standard' Grants were of course continued also. Discretionary Improvement Grants in respect of seven dwellings were approved during the year. A further thirteen Standard Grants were made, under the House Purchase and Housing Act, 1959. These Standard Grants are largely concerned with provision of baths, water closets and kitchen facilities, and are mandatory on the Council, if the conditions are suitable. A substantial increase may be expected, as more public sewage schemes are developed. The amount of work falling on the staff of the Public Health Inspectors in connection with these Improvement Grants is heavy, but their value is great.

### Retired People

The venture begun some years ago by the Mutual Households Association with Grant and Loan from the Council under which the Country mansion of Pyt House has been adapted for the housing, in about thirty different apartments, of 'Retired' people, still continues. There is a good community spirit and under one paid Garden Supervisor most of the care of the exterior grounds is undertaken by the residents themselves.

### Food Storage and Refrigerators

Modern eating and purchasing habits have become conditioned to ability to store food really cold. This is especially true in the country where the housewife may buy a whole week's provisions at only one days shopping visit to the nearest place with shops.

Tenants of Council Houses of this Authority are very fortunate in being able to rent a refrigerator from the Council at a very modest weekly rate. This facility is well used and appreciated. However, since 1968 no new renting arrangements could be made because the Ministry of Housing and Local Government had put a stop as an 'economy cut' to the Council buying any further refrigerators to let. At the end of the year 205 refrigerators were out on hire from the Council.

## Slum Clearance

This continues, but the worst cases have been dealt with and only two dwellings were demolished. "Closing Orders" in respect of two dwellings were made during the year as the result of statutory action.

## 2. WATER SUPPLIES

In 1960, the Council's Comprehensive Water Supply Scheme became incorporated in the Regional Water Supply Undertaking of the West Wilts Water Board, the headquarters of which are at Warminster. I have been impressed by the importance attached by the Board's staff to frequent bacteriological analysis of water supplies in this Rural District and the great infrequency of anything other than a fully satisfactory bacteriological result. However, chemical analyses have been only occasional and I would welcome seeing more frequent reports on residual chlorine levels at distant peripheral points in the distribution system.

Some further checks by chemical and bacteriological sampling and analysis of the West Wilts Water Boards Waters, are still carried out by the staff of the Council as Public Health Authority. Details of these, together with analyses of waters in the remaining private supplies, are set out in the report of the Chief Public Health Inspector.

Out of the inhabited houses out of 4209 had at the end of the year, a piped public supply to the house itself. A substantial further number have water from private or farm piped supplies. The picture, parish by parish, is set out in the report of the Chief Public Health Inspector. The position is steadily improving.

## Fluoride

In the annual circular received from the Ministry of Health referring to preparation of the Annual Reports of Medical Officers of Health, information is especially requested about fluoride content of drinking water supplies. This information has been, in fact, included in my annual report for many years.

Chemical analyses of the water from the Burton Field, Mere source, while otherwise good, has shown that the Fluoride Content of the water is too low-varying from 0.08 to 0.15 parts per million, averaging 0.1 parts per million, which is only one tenth of the desirable one part per million needed for promoting the growth of strong, decay-resisting teeth in the formative phases. The fluoride content of the Maiden Bradley source is much the same as that of the Burton Field source. Details are as follows, on the last occasion when these analyses were made (May, 1968)

Mere, Burton Field Source..	..	..	..	..	..	0.09
Maiden Bradley, Dunkerton Springs	..	..	..	..	..	0.08
Donhead Source ..	..	..	..	..	..	0.12
Sedgehill ..	..	..	..	..	..	0.1
Stourton ..	..	..	..	..	..	0.15
(National Trust)						
Fonthill Estate Supply ..	...	..	..	..	..	0.1

Details of other chemical analyses of various waters are given in the tables set out in the report of the Chief Public Health Inspector.

Fortification of the sources with extra fluoride salts to bring it up to the desirable quality, for dental and other health purposes, could be a simple matter at a cost of about 1s. to 1s. 6d. per head per annum, and the Ministry of Health is actively encouraging water Authorities to supplement natural fluoride content of drinking waters, when insufficient. In 1964 this Council did approve the principle of fluoridation, and they re-approved this principle during the year. Unfortunately the Water Board must wait for authority to start fluoridating the supplies from the Local



Health Authority (or Authorities) concerned with its distribution area. So far neither the Wiltshire, the Dorset, nor the Somerset County Councils, as 'L.H.A.'s.' have given this approval, lagging behind the Midlands and Northern Local Health Authorities in the country. Thus a wise 'Local Sanitary Authority' or water undertaking may be prevented from carrying out its wishes by the hesitations of a 'Local Health Authority'. The cost of fluoridation is only a fraction of that annually needed for dental treatment and within a few years the cost of all capital expenditure would have been recovered, by saving some of the cost of dental treatment under the National Health and School Health Services, once the existing backlog of treatment has been overtaken.

I consider that there is no public health measure which would do more to improve dental, and therefore general, health so quickly and so cheaply, as enriching fluoride-weak drinking waters. The benefits which will effect babies and young children will persist through life, and there is now also some evidence that old people who have been used to drinking water with a good fluoride content will not suffer so much from bones weakened by osteoporosis liable to fracture, and that their great arteries and coronary vessels may be rendered less liable to the condition of "atherosclerosis", which is responsible for their deterioration after middle age.

### 3. DRAINAGE AND SEWAGE

Among the public sewerage systems maintained by the Council those at Hindon, Maiden Bradley, Mere, Tisbury and Zeals were working well. The Council have prepared a priority list for providing sewage disposal works and sewers for these parishes in the Rural District. The top priorities are East Knoyle, Chilmark with Teffont, Ludwell, Donhead St. Mary and Berwick St. John, and a scheme has already been prepared for East Knoyle, by the Council's Consulting Engineers Messrs. T. Ward Whitfield & Son of Trowbridge. At the time of writing this report, the priorities after completing East Knoyle and Chilmark with Teffont schemes, were being re-considered.

#### Drainage into streams

The complaints of occasional pollution by house drainage (mainly sullage water) of small streams, have again been less evident this year. The little streams in the villages of Chilmark, Teffont and Berwick St. John are those mainly concerned with this occasionally recurrent nuisance.

#### Septic Tank Cleansing and Cesspit Emptying.

Since 1965 the Council have provided a regular evacuating service for places within the Rural District not served by a sewer. The scheme has proved most beneficial. Details will be found in the report of the Chief Public Health Inspector. The evacuating vehicle was regularly hired for use by the neighbouring Warminster and Westbury Rural District Council, but is to be kept within its own Rural District in future, because if it goes outside it generates an exorbitant tax.

### 4. REFUSE COLLECTION AND DISPOSAL

Arrangements for collection and disposal places are described in the Chief Public Health Inspector's section of the report.

A substantial income from salvage refuse is obtained. Details of income from this source are also given in the report of the Chief Public Health Inspector.



## 5. ROADSIDE FILTH

Years ago in my Annual Reports I hoped that some action would soon be taken by the County Council, as Highways Authority, about fouling of the countryside close to main roads. Particularly serious is the pollution near the lay-bys in the A.303 road east of Chicklade on Wylde Down. Flies can carry infection from the deposits of faeces onto blackberries.

Since 1966, however a beginning in dealing with the problem was made by the Wiltshire County Council, providing a mobile male and female toilet van on the A.303 lay-by near Willoughby Hedge, and subsequently another such van was set up just east of Zeals, also on the A.303. The R.D.C. staff maintain these vans in a high standard of cleanliness. The van at Willoughby Hedge is really too far west to affect the major haunt of the polluters, which is on the ridge between Chicklade and Wylde.

## 6. FOOD HYGIENE

### Watercress

During the year continued efforts were made to lessen the likelihood of contamination of this excellent food in the growing beds, with further protection by the owners providing hypochlorinating washes for the cress before dispatch to market. However some of the samples of cress analysed even though thoroughly washed in hypochlorinated water, were not satisfactory while samples of the water feeding the beds were sometimes dubious or poor on analysis. Figures are given in the report of the Chief Public Health Inspector.

### Milk

The work of inspecting retail premises and sampling and analysing the milk is still done by the Rural District Council for Wiltshire County Council on an agency basis, charging the Wiltshire County Council 15s. 6d. a sample. Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analyses by four methods were continued until October.

The Methods are:-

- (1) 'Methylene Blue Test', for general cleanness and keeping quality for which there were no 'failures' among samples analysed.
- (2) 'Phosphatase Test', for adequacy of heat treatment of 'Pasteurised' milk, for which there were no failures among samples analysed.
- (3) 'Turbidity Test', for 'sterilised' milk.
- (4) 'Biological Test', which consists of inoculation of a guinea pig, and its subsequent examination after a five or six weeks interval for signs of either tuberculosis or brucellosis. Out of a total of 13 samples taken for biological tests, all were negative for tuberculosis and all negative for brucellosis.
- (5) The biological test is being increasingly supplemented or superseded by a two week culture test in the laboratory.

All the analyses on these milks were carried out at the Public Health Laboratory attached to Odstock Hospital, near Salisbury.

Ice-Cream etc. - Comments concerning this and other foods, and maintenance of the 'clean food campaign' will be found in the report of the Chief Public Health Inspector.

## 7. CLEAN AIR

The Clean Air Act contains provisions to enable local (Air) Authorities to improve the quality of the air within their districts. Fortunately the Mere and Tisbury Rural District has virtually no problem concerning its air, but the provisions of the Act, and any byelaws made by the Council under the Act, will enable the Council to prevent future pollution. Periodical observations of the type and amount of smoke from the few factory chimneys are made, and no action has been necessary in the Rural District during the year.

The complaints of odours from the dog food factory at Tisbury which used to be frequent have been reduced, with good co-operation from the factory owners who (in 1966) installed entirely new cooking equipment with deodorisation of the tripy gasses (which compose the worst of the odours) in a chlorinating spray cylinder. The unpleasant smelling ingredients such as tripe are stored in a large refrigerated chamber where they freeze rock hard and are rendered virtually odourless until ready for processing into the dog food.

## 8. MEAT INSPECTION

The work done during the year is set out in the report of the Chief Public Health Inspector.

## 9. CARAVANS - CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

A note on this Act is included in the report of the Chief Public Health Inspector.

## 10. GYPSIES

Reference should be made to the sections dealing with these in the Report of the Chief Public Health Inspector. During the year the problems of gypsies who have no proper camping ground within the district inevitably increased as they are displaced by other Local Authorities. No progress has been made in the way of providing one or more sites, with facilities for a water supply and excrement disposal, and within reasonable access to schools for the children.

Under powers described in various Ministry of Housing and Local Government or Health Circulars, such as Ministry of Housing and Local Government No. 26/66 either County Councils or District Councils have power to provide such permanent sites. Because of the shifting situation, temporarily and geographically, of gypsies between adjacent County Districts, the County Councils would generally be the more appropriate Authorities to provide this much needed service. During the year the Wiltshire County Council has not yet made any such provision, but there are grounds for hope that developments may occur in 1970, beginning with the Salisbury area.

## 11. SWIMMING FACILITIES

Although there are lakes within the District, the rivers are too small or unsafe to provide very satisfactory swimming, especially for leaning to swim. A covered public pool is available outside the district, at Frome, and an open one at Gillingham School. There are others at Salisbury and Shaftesbury. There are small pools at Dunworth Secondary Modern School, Tisbury, Duchy Manor Secondary Modern School, Mere and the Primary Schools at East Knoyle (portable type), Ludwell and Semley, and at two private schools for girls, St. Mary's Convent, Donhead St. Mary, and Cranborne Chase School, Wardour. There is also a private open air swimming pool at the Pyt House Country Club, open to members and their guests only. There are no other good places for teaching swimming within the Rural Districts. At each of the swimming pools the water is checked daily for chlorine content by school staff, and the effectiveness of the



'Break Point' chlorination is also checked about once a week by one of the Public Health Inspectors.

#### Artificial Respiration and Resuscitation of the Drowned.

The mouth to nose method is now taught to school children by selected teachers.

#### 12. ROAD SAFETY

I am glad to refer to the value of the Road Safety Committee which the Council set up in 1968, whose main task is to promote the teaching of children to ride bicycles, and later motor cycles, in a thoughtful and safe manner. Your Chief Public Health Inspector, Mr. Sharratt, has done superb work in organising the functions of this Committee and acting as its Secretary.

#### 13. RECREATIONAL FACILITIES

Apart from the swimming facilities mentioned in paragraph 11 above, the countryside of the Rural District provides wonderful facilities for recreation. So does the superb National Trust asset of Stourhead Park. For games, apart from school premises, Mere, and Tisbury, villages both have quite good recreation grounds, on the borders of the villages. Chilmark has a pleasant 'Childrens Playing Field', gifted by a local man for the benefit of the children of Chilmark.

#### 14. SUMMER CAMP

Each year 'Camp Mohawk' reopens for the summer and autumn months in Fonthill Abbey Park, receiving batches of hundreds of U.S.A. forces adolescents who stay from one to two weeks for the typical American 'summer camp' holiday. This is a well organised and admirable venture with splendid sanitary and food hygiene facilities and wonderful sylvan and aquatic recreation.

#### 15. PUBLIC CONVENIENCES

The Rural District possesses one of the most attractive and hygienic of any public conveniences. This is at Mere, in the public car park. It is built of beautiful reconstructed Portland stone with a male and female end. Each end has an automatic press button hand washing machine supplying hot water, liquid soap and drying of hands by hot air blower.

The public conveniences in Tisbury, particularly the male ones were by the end of the year in a sorry contrast to those in Mere, but are due to be replaced by new ones in the Car Park at Tisbury, which should be during 1970.

Reference has already been made to Roadside Public Conveniences.

#### 16. FARM EFFLUENT

There has been no further complaint to me during the year about the considerable nuisance which occurred on several occasions in previous years due to the spraying into the air of effluent from the manure tanks of intensive 'Factory Farms'. This spray forms aerosols which can be wafted great distances, on the breeze, and the aerosols have unpleasant odours. They may, quite probably, be a danger to health also, if they are inhaled, or settle on food, or babies prams. This is a national problem which was being studied by the Public Health Committee of the Rural District Councils Association and the Ministry of Agriculture, Fisheries and Food, but, as far as I know, it is not yet nearing solution.

#### 17. MEALS ON WHEELS SERVICE

Since 1963 the Council have been contributing financially towards a Meals on Wheels Service, run in this area by the Women's Voluntary Services, to which the Wiltshire County Council (Welfare Department) also contribute to the rest of the cost materially. The service is at present confined to Mere Parish, Tisbury, Zeals and Kilminster.

There is a need for expansion of the service to other parts of the Rural District, such as the Donheads.

18. ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

In this Rural District inspections are carried out by the Public Health Inspectors not by veterinary surgeons. One establishment is licensed.

19. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Details are reported in the Chief Public Health Inspector's section. With the regrettable closure, for passengers, of Semley railway station access to and from this unfortunate village for shopping becomes increasingly difficult, and Tisbury is now the only railway station open to passengers in the Rural District.

20. TABLE VII - FACTORIES ACTS, 1937 - 1959

Particulars prescribed by the Ministry of Labour of the Acts in so far as the Local Authority is concerned.

PART ONE OF THE ACT

1. INSPECTIONS for purposes of provisions as to Health (including inspections made by Public Health Inspectors.)

Premises	Number in Register	Number of Inspections	Written Notices	Occupiers Prosecuted.
Factories in which sections 1,2,3,4 and 6 are to be enforced by local Authorities	3	3	Nil	Nil
Factories not included in above in which Section 7 is enforced by the L. Authority	32	17	Nil	Nil
Other premises in which Section 7 is enforced by the Local Authority (excluding out workers premises)	16	16	Nil	Nil
Total	51	36	Nil	Nil



2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found					Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector		
Want of Cleanliness (S.1)	Nil	Nil	Nil	Nil		Nil
Overcrowding (S.2)	Nil	Nil	Nil	Nil		Nil
Unreasonable temperature (S.3)	Nil	Nil	Nil	Nil		Nil
Inadequate Ventilation (S.4)	Nil	Nil	Nil	Nil		Nil
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil		Nil
Sanitary Conveniences (S.7)						
(a) Insufficient	Nil	Nil	Nil	Nil		Nil
(b) Unsuitable or defective	1	1	Nil	1		Nil
(c) Not separate for sexes	Nil	Nil	Nil	Nil		Nil
Other offences against the Act (Not Outworkers)	Nil	Nil	Nil	Nil		Nil
Total	Nil	Nil	Nil	Nil		Nil

PART VIII OF THE ACT.

Nature of Work	Outwork (Sections 110 and 111)					Prosecutions
	No. of outworkers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No of Prosecutions for failure to supply lists	No of instances of work in unwholesome premises	Notices served	
Wearing Apparel (Making etc. Cleaning and Washing	17	0	0	0	0	0
Household Linen	0	0	0	0	0	0

No Outworkers were known to be practising any of the following types of work as listed under Part VIII of the Act.

Lace, Lace curtains and nets, Curtains and furniture hangings, Furniture and upholstery, Electro-plate, File making, Brass and brass articles, Fur pulling, Iron and Steel cables and chains, Iron and steel anchors and grapnels, Cart gear, Locks, latches and keys, Umbrellas etc., Artificial flowers, nets other than wire nets, Tents, Sacks, Raquet and tennis balls, Paper bags, The making of boxes or other receptacles or parts thereof made wholly or partially of paper, Brush making, Pea picking, Feather sorting, Carding etc., of buttons etc., Stuffed toys Basket making, Chocolates and sweetmeats, Cosaques, Christmas stockings etc., Textile weaving, Lampshades.

Note:- This table is included in the report on the instructions of the Ministry of Health, for the benefit of the Ministry of Labour. Prior to 1961 it was sent as a separate report to the Ministry of Labour.

F.J.G. LISHMAN

Medical Officer of Health



# ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Showing Sanitary Circumstances of the Area for  
the Year Ended 31st December, 1969.

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1969.

H. SHARRATT

Chief Public Health Inspector

## GENERAL INFORMATION

Situated in the South West corner of Wiltshire bordering Somerset and Dorset, the Mere and Tisbury Rural District consists of twenty-six parishes. The two larger Parishes of Mere and Tisbury are semi-urban in character providing facilities for the day to day needs of the surrounding parishes. The A.303 road bearing heavy traffic to the West runs for fifteen miles through the district in the North and the A.30 for eight miles in the South. The London / Exeter line of the Southern Region British Railways bisects the district from East to West and there is now only one station with limited services in operation i.e. Tisbury.

Industry is predominantly agricultural but additional industry is now established in Mere and Tisbury. Brush making has been carried out for many years in Mere and now a factory is in operation for the manufacture of Steel Chimneys. In Tisbury, Dog Food, Agricultural Implements and Furniture and Fittings are now manufactured.

Two large private schools for Girls are situated in the district; Cranborne Chase School at Wardour and St. Mary's Convent at Donhead St. Mary. There is one privately run Home for the Elderly and Pyt House is now run by the Mutual Households Association.

## SANITARY INSPECTIONS OF THE AREA

### Public Health Act, 1936 and General Sanitation

Number of Inspections	re: Water Supply	.. .. .	33
" "	re: Watercress	.. .. .	20
" "	re: Swimming Pools	.. .. .	13
" "	re: Milk Samples	.. .. .	152
" "	re: Food Inspection	.. .. .	10
" "	re: Infectious Diseases/ suspected Dysentery/ to obtain samples		454
" "	re: Sewage Samples	.. .. .	12
" "	re: Drainage and/or Sanitary Accommodation		108
" "	re: Farm Drainage	.. .. .	37
" "	re: Pollution of Water Courses/Rivers Prevention of Pollution Act 1961	..	11
" "	re: Miscellaneous Complaints	.. .. .	88
" "	re: Infestations	.. .. .	43
" "	re: Filthy and Verminous Premises	.. .. .	4
" "	re: Aged and Infirm persons	.. .. .	25
" "	re: Gypsies	.. .. .	10
" "	re: Moveable Dwellings	.. .. .	23
" "	re: Noise	.. .. .	1
" "	re: Litter	.. .. .	10
" "	re: Outworkers	.. .. .	18
" "	re: Dangerous Structures	.. .. .	5

### HOUSING

Council Dwellings completed in 1969:- 20

	<u>Houses</u>	<u>Flats</u>	<u>Bungalows</u> <u>Bed Sitters</u>
Council Dwellings under construction in 1969	4	12	31

Council Houses: Changes of Tenancy 1969 .. .. . 31

REFRIGERATORS: Tenants of Council Houses may rent refrigerators and 205 tenants are taking advantage of this scheme.

### SHELTERED ACCOMMODATION

The first tenants of the Group Dwelling Scheme, with Warden supervision, at Lynch Close, Mere, moved in during the year and it is anticipated that the 22 units will be in full occupation by mid 1970.

A further scheme consisting of 24 units is under construction at Nadder Close, Tisbury with the first tenants to be in occupation in late 1970.

The number of visits paid to aged and infirm persons increases as the over 65 population of the district is increasing.

Residential Homes in Salisbury and Warminster for the elderly means that persons in this district needing such accommodation are moved from villages where they have invariably lived for many years and with the reduction in transport services relatives find it difficult for visiting. There is a need for a Home of this kind in the South West of Wiltshire.



# HOUSING STATISTICS FOR 1969

1. Number of permanent dwellings in district at end of year	4,209
2. Number of permanent dwellings in district owned by L. A.	780
3. Number of temporary dwellings in district owned by L.A.	Nil
4. Number of applications for Council dwellings at end of year	303
5. <u>Inspection of dwellings during year</u>	
(1) Number of dwellings inspected under Public Health or Housing Acts	220
(2) Number of dwellings found to be unfit	43
6. Number of dwellings rendered fit in consequence of informal action	26
7. <u>Action under Statutory powers.</u>	
A. <u>Proceedings under Public Health Acts</u>	
(i) Number of dwellings where formal notices were served	Nil
(ii) Number of dwellings made fit as a result of formal notices.	
(a) By Owners	Nil
(b) By Local Authority in default of Owners	Nil
B. <u>Proceedings under Sections 9 and 16 Housing Act, 1957</u>	
(i) Number of dwellings where notices were served requiring defects to be remedied	Nil
(ii) Number of dwellings rendered fit after service of formal Notices	
(a) By Owners	Nil
(b) By Local Authority in default	Nil
C. <u>Proceedings under Sections 16 and 17 Housing Act 1957</u>	
(i) Number of Demolition Orders made	Nil
(ii) Number of dwellings demolished as a result of Demolition Orders	2
(iii) Number of undertakings accepted to make fit or not to relet	2
(iv) Number of dwellings made fit as a result of undertakings	Nil
D. <u>Proceedings under Sections 16, 17, 18, 26 and 35 Housing Act, 1957 and Section 26 Housing Act, 1961</u>	
(i) Number of dwellings where closing Orders were made	1
(ii) Number of dwellings closed as a result of Closing Orders or undertakings by owners	2
E. <u>Proceedings under Sections 17, 42, 43, 46 and 48 Housing Act 1957</u>	
(i) Number of dwellings in clearance areas upon which Demolition Orders were made	Nil
(ii) Number of dwellings demolished as a result of Demolition Orders	Nil
(iii) Number of dwellings in clearance areas which have been retained as temporary accommodation	Nil
F. <u>Proceedings under Section 76 Housing Act, 1957</u>	
(i) Number of cases of overcrowding at end of year	1
(ii) Number of cases of overcrowding discovered during year	5
(iii) Number of cases of overcrowding abated during year	5

## Houses erected or converted during year.

### LOCAL AUTHORITY

(i) For Slum Clearance .. .. .	Nil
(ii) For other purposes .. .. .	19
(iii) Gained from conversion of large houses into flats or dwellings .. .. .	Nil
(iv) Lost from conversion of two or more houses into one .. .. .	Nil

### PRIVATE ENTERPRISE

(i) For other purposes .. .. .	28
(ii) Gained from conversion of large houses into flats or dwellings .. .. .	2
(iii) Lost from conversion of two or more houses into one .. .. .	4

## STANDARD GRANTS AND DISCRETIONARY GRANTS

### DISCRETIONARY GRANTS

(i) Applications received .. .. .	17
(ii) Applications approved .. .. .	10
(iii) Applications rejected .. .. .	1
(iv) Under consideration .. .. .	3
(v) Applications withdrawn .. .. .	3

Number of houses improved during 1969 as result of Grants 7  
Value of Grants made during 1969 £2,251

### STANDARD GRANTS

(i) Applications received .. .. .	22
(ii) Applications approved .. .. .	22
(iii) Number of Baths installed in Grants completed 1969 .. .. .	11
(iv) Number of Washbasins installed .. .. .	11
(v) Number of Hot Water Supplies .. .. .	11
(vi) Number of Water Closets .. .. .	14
(vii) Number of Larders .. .. .	10
(viii) Number of Septic Tanks .. .. .	5
(ix) Number of Bathroom Extensions .. .. .	Nil

Number of houses improved during 1969 as a result of Grants 13  
Value of Grants made during 1969 £2,439

## RENT ACT 1957

Applications for Certificate of Disrepair .. .. .	Nil
Certificates issued .. .. .	Nil
Undertakings to effect repairs accepted .. .. .	Nil
Applications for cancellation of Certificate .. .. .	Nil
Certificates cancelled .. .. .	Nil
Inspections .. .. .	Nil

## CARAVANS

There has been no demand for a site to be provided and operated by the Council but the Wilts County Council have been requested to consider the use of a site on the A.303 at Zeals for use by holiday travellers as a night stop. The site is already provided with a water supply and public lavatories.

### Sites Licensed

1. More than one Caravan on site .. .. .	1
2. Caravan Club Licence .. .. .	1
3. Single Caravan on site .. .. .	20



# GYPSIES

There is one encampment within the District at the Dene, Hindon, The area is one of approximately 10 acres and is divided into seven sites owned by the occupants.

The children attend Hindon School and Dunworth Secondary Modern School, Tisbury.

Semley Common.

One family still remain encamped on Semley Common at Harthill.

CAMPING SITE. Camp Mohawk at Fonthill Abbey Woods was again open during the summer months. This is a well organised site with ample water supply; sanitary accommodation and showers.

## -NUISANCES - - -

## Public Health Acts

Complaints investigated	.. '.. '.. '.. .. .. ..	88
Informal Notices served	'.. '.. '.. '.. '.. '.. '..	28
Informal Notices complied with	'.. '.. '.. '.. '.. '.. '..	28

# RODENT CONTROL

Complaints of Rodent infestation are investigated and necessary treatments carried out. Business premises are charged for this work but usually private contractors provide a service for agricultural premises. Refuse Tips are regularly treated.

Sewers at Mere, Zeals, Tisbury, Hindon and Maiden Bradley were baited. Little evidence of infestation was found.

Number of properties inspected:	Non Agricultural	101
	Agricultural	5
Number infested by Rats	Non Agricultural	93
	Agricultural	5
Number infested by Mice	Non Agricultural	13
Number of properties surveyed	Non Agricultural	271
	Agricultural	6
Notices served under Section 4.		Nil

# PUBLIC CLEANSING

## Household and Trade Refuse Collection

The Council operates a fortnightly collection of refuse throughout the district. Two vehicles are operated with one driver and two loaders to the 20 cu. yd. Pakamatic and one driver and one loader to the 18 cu. yd. Dual Tip. The collection is from the kerbside.

### Provision of Dustbins.

Dustbins are provided only for the Council Houses.

The Council has not taken action under Section 75 of the Public Health Act to provide dustbins either at a charge or as a rate borne service

## Disposal

The disposal of refuse is to Dumps at Ansty, Maiden Bradley, East Knoyle and Donhead St. Andrew.

## CIVIC AMENITIES ACT 1967

The administration of Part III of the Act is carried out by the Public Health Department and the Public Health Inspectors are authorised officers.

For the purposes of Section 20 arrangements have been made for the safe storage of vehicles removed and waiting collection.

For the purposes of Section 18 the tips at Ansty and East Knoyle are places where residents may deposit refuse at all reasonable times.

### SALVAGE.

Householders are requested to put out Newspaper, Cardboard and Magazines seperately parcelled.

The refuse collectors receive 10% each of the income as bonus.

	Tons	cwt	qurs	£	s	d
Unbaled Pams	7	18	2	23	16	1
Newsprint	19	0	0	173	10	0
Scrap				3	6	0
	<u>26</u>	<u>18</u>	<u>2</u>	<u>200</u>	<u>12</u>	<u>1</u>

### PUBLIC CONVENIENCES

Public Conveniences are provided by the Council at the Car Park, Mere and the High Street, Tisbury.

In 1970 new conveniences will be opened at the Car Park Tisbury and the unsatisfactory Gentlemens Convenience at the High Street, Tisbury will be demolished.

The Conveniences in Angel Lane, Mere will be re-opened following extensive improvements.

The Wiltshire County Council has provided pre-fabricated public conveniences at Willoghby Hedge and at Zeals. The maintenance is carried out by employees of the Rural District and the cost is borne by the County Council

### LITTER ACT 1958

Litter bins are installed at various points throughout the District. The Wiltshire County Council Highways Department co-operate with the provision of litter bins on lay - bys. The R.D.C. receives a contribution, at the rate of 3s per bin clearance on trunk roads and 1s 6d on other laybys for a weekly clearance.



## WATER SUPPLY

The West Wilts Water Board supply water throughout the Council's district.

The Source of water is at Burton Fields, Mere: Dunkerton Springs, Maiden Bradley and at Donhead St. Andrew. This is linked to Reservoirs at Hatch, Hindon, East Knoyle, Sutton Mandeville, Donhead St. Andrew and Teffont.

	<u>DIRECT</u>		<u>By STANDPIPE</u>	
	No. of Houses	Population (approx)	No of Houses	Population (approx)
Alvediston	10	35		
Ainsty	44	126		
Berwick St. John	94	283		
Chilmark	115	320		
Donhead St. Andrew	120	407		
Donhead St. Mary	300	910		
East Knoyle	183	616		
Fonthill Gifford	6	20		
Fonthill Bishop	8	24		
Hindon	216	506	7	20
Kilmington	55	290		
Maiden Bradley	131	300		
Mere	768	2,142		
Sedgehill	25	123		
Semley	98	283		
Stourton	14	49		
Sutton Mandeville	33	90		
Swallowcliffe	50	158		
Teffont	87	244		
Tisbury	541	1,656		
Tollard Royal	30	78		
West Knoyle	26	89		
West Tisbury	92	318		
Zeals	176	457		

### ANALYSIS OF WATER SUPPLIES (Bacteriological)

#### (a) Public Supplies

Frequent water samples are taken by the West Wilts Water Board in all parts of the area and copies of the analyses are sent to the Medical Officer of Health. 232 Samples were taken in 1969 from mains, reservoirs and sources.

A number of unsatisfactory results were received in respect of samples taken by the Board and concerned the spring water supply prior to chlorination, at Dunkerton Springs, Maiden Bradley. No unsatisfactory reports were received of water from this source following chlorination.

Following samples were taken by this department.

Number of samples taken during the year .. .. .	4
Number found to be satisfactory .. .. .	4

#### (b) Private Sources

Number of samples taken during the year .. .. .	29
Number found to be satisfactory .. .. .	23
Number found to be unsatisfactory .. .. .	6

## ANALYSIS OF WATER SUPPLIES (Chemical)

The report from The Counties Public Health Laboratories on samples taken from Burton Fields, Dunkerton Springs and Donhead Borehole shows:-

"This sample is clear and bright in appearance.

The water is on the alkaline side of neutrality, hard in character but not unduly so, it contains no excess of mineral constituents and it is free from iron and other metals.

Organic quality is very satisfactory.

From the Aspect of the chemical and mineral analysis these results are indicative of a pure and wholesome water suitable for public supply purposes."

The reports are the same for each source.

### FLUORIDE.

Burton Field Source :	less than 0.1 p.p.m.
Donhead Borehole :	0.1 p.p.m.
Dunkerton Springs :	0.1 p.p.m.

### WATERCRESS BEDS.

Routine inspections were made and water samples taken from the Watercress Beds at Mere, Zeals, Donhead St. Andrew and Donhead St. Mary.

Number of water samples taken from beds & Sources	29
---	----

### WATERCRESS SAMPLES

Number of samples taken after washing in chlorinated water	21
--	----

All watercress is washed in chlorinated water after cutting and Hydro cooling is carried out at two beds. Following unsatisfactory results in some samples the level of chlorine was increased in the washing water.

### FASCIOLA HEPATICA

Samples of snails were sent to the Public Health Laboratory and found not to be of the species *Limnia truncatolata*.

### SWIMMING POOLS

There are eight swimming pools in the district. Regular checking of Chlorine content is carried out and 8 bacteriological samples were taken during the year.

Pyt House Club	- Open to members
Tisbury Secondary Modern	-
..... School	- Also open to the Public
Mere Secondary Moder	
..... School	- Also open to adult members of the public.
St. Mary's Convent	- Private School
Cranborne Chase School	- Private School
East Knoyle School	- School children only
Semley Primary School	- School children only
Ludwell Primary School	School children only



## SEWERAGE AND SEWAGE DISPOSAL

Five parishes have a main sewerage system; in the remainder of the District disposal is by Septic Tank, Cesspool or Pail Closet. The conversion to waterborne sanitation continues and during 1969 of 70 plans submitted for improvements to dwellings 50 were in respect of properties with no sewer available.

A cesspool emptying service for domestic properties was commenced on the 1st January 1965.

Number of premises registered .. .. . 1,313

The service is operated with a 1,000 gallon Eagle Cesspit Emptier and two men. Disposal of the sewage is to farmland and to Sewage Disposal Works at Mere and Zeals. Tanks are emptied once per year free and subsequent servicing within that year is charged at 30: 0d per time.

### TISBURY.

The works, completed in 1959, continue to operate in a satisfactory manner. Trade effluent is accepted from the Factory manufacturing Dog Food. Regular sampling of this effluent and the final effluent at the works is carried out. An attendant is employed here with assistance from mobile staff.

New connections to sewers .. .. . 11

### Mere.

~~These~~ works, maintained by a Sewage works manager and one attendant, function in a satisfactory manner. Industry in Mere has no trade effluent problem.

New connections to sewers .. .. . 10

### Hindon

Constructed in 1964 these works continue to function in a satisfactory manner.

New connections to Sewers .. .. . Nil

### Zeals.

Extensions to sewers in Bells Lane and Portnells Lane have been completed.

New connections to Sewers .. .. . 2

### Maiden Bradley

Works now completed.

New connections to Sewers .. .. . 3

### East Knoyle.

Ministry of Housing and Local Government approval still awaited.

### Chilmark and Teffont.

Scheme in course of preparation.

## INSPECTION AND SUPERVISION OF FOOD.

### Food Hygiene Regulations, 1960

Number of inspections made:		130		
			<u>Reg 16</u>	<u>Reg 19</u>
Public Houses	28		28	28
Grocery Shops	37		34	33
Fishmongers	4		4	4
Butchers Shops	4		4	4
Cafes	16		15	14
Hospitals & Institutions	1		1	1
Parish Halls, Clubs,				
Sweet shops etc.	15		12	10
Schools	9		9	9
Canteens	2		2	2
Delivery Vehicles	4		3	2

### Number of Food Premises registered under Section 16, Food & Drugs, 1955

- |   |    |    |    |    |
|---|----|----|----|----|
| 1. Preparation or Manufacture of Sausages | .. | .. | .. | 8  |
| 2. Sale or Preparation of Cooked Meats    | .. | .. | .. | 16 |

### MOBILE CANTEENS

During the summer mobile canteens appear on laybys and verges. Routine inspections are carried out but the short stay on site makes adequate control difficult.

### CLEAN FOOD CAMPAIGN

#### 1. LECTURES.

Eight Lectures were given at the Residential Training Centre of the Licensed Trade at Donhead Hall and one lecture to the staff of a Restaurant.

#### 2. Exhibits:

A Display was shown at the Shaftesbury and Gillingham Agricultural Show.

### MILK

The Wiltshire County Council delegated licensing and sampling powers under the Milk(Special Designations) Regulations.

### LICENCES.

Dealers (Prepacked Milk)	Licence	-	Pasteurised	18
Dealers (Prepacked Milk)	Licence	-	Sterilised	2
Dealers (Prepacked Milk)	Licence	-	U.H.T.	3

Other dealers delivering milk in the District are licensed by the Authority in whose district their premises are situated.

A requirement of the delegation was the regular sampling of milk. The number of samples to be taken annually is 153



Samples taken during 1969

Raw milk samples for statutory test		Raw Milk samples for biological test				Heat Treated samples for statutory tests		Bottle Rinses.	
		T.B.		B.A.					
Pass	Fail	Pos	Neg	Pos	Neg	Pass	Fail	Pass	Fail
Nil	Nil	Nil	Nil	Nil	Nil	152	Nil	Nil	Nil

134 routine inspections of milk shops, dairies and delivery vans were made.

Milk Supplies - Brucella Abortus.

Number of samples of raw milk examined -- Nil

Cream

Premises at which cream is heat treated Nil

Premises at which heat treated or raw  
creams are used in the manufacture of  
other products -- Nil

ICE CREAM

Ice Cream is not manufactured in the District and that sold within the District is pre - packed.

No cases of illness from the consumption of this food was reported.

Premises registered for the sale of Ice Cream .. .. 59

FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption.

183 Various ice creams	4 x 6lb cans Ox Tongues
6 Packets of Mousse	1 x 6lb can French Beans
28 Packets of Peas	1 x 6lb can Stewed Steak
8 " " Mixed vegetable	1 x 28lb Box Dried Fruit
6 " " Potato Chips	
4 " " Broad Beans	
7 " " Sprouts	
6 " " Faggots	
3 " " Chicken joints	
1 " " Puff Pastry	
29 " " Cod	
10 " " Kippers	
1 " " Haddock	
2 " " Plaice	
10 " " Fish Fingers	
2 " " Fish Cakes	
1 " " Rissoles	
10 " " Beefburgers	
19 " " Braised Beef	
6 " " Steak	
83lbs Beef (Bone taint)	

## FOOD COMPLAINTS.

The following commodities were the subject of complaint:-

1. Potato Crisps - The purchaser complained that the packet of Ready Salted Crisps contained a piece of machinery. Reference to the Manufacturers confirmed that this was a part from a micro switch used on the packing machine. Warning issued
2. Mouldy Meat Pie. The purchaser was unable to state exact date of purchase and the pie had been heated. Complaint passed to neighbouring authority for inspection of premises where purchased.
3. Mouldy Pork Pie. The purchaser had kept the pie in the larder and it was not possible to check on batch number. Place of purchase visited and stock rotation and storage checked.
4. Glass in School Milk Bottle. Lip of bottle chipped in transit. Warning issued.

## Meat Inspection.

There are no Slaughterhouses in the District.

## LIQUID EGG (PASTEURISATION) REGULATIONS

There are no Pasteurising Plants in the District and no samples of liquid egg were taken

## SLAUGHTER OF ANIMALS ACT 1958

Number of renewals of Licences issued to Slaughtermen 2

## POULTRY INSPECTION

There are no poultry processing premises within the district

## DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The Wiltshire County Council has delegated its function under this Order to the District Council and the Public Health Inspector is authorised to act as Inspector of the Local Authority under the 1960 Act.

Number of premises Licensed	.. .. . 1
Breaches of the Order	.. .. . Nil

## CLEAN AIR ACT

No action was necessary during 1968 to abate air pollution.

## RAG FLOCK AND OTHER FILLING MATERIALS ACT.

There are no premises requiring Licensing or Registering under this Act.

## ANIMAL BOARDING ESTABLISHMENTS ACT 1963

The Public Health Inspectors are authorised officers for the purpose of this Act.

Number of Establishments Licensed	.. .. . 1
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PET ANIMALS ACT, 1951

The Public Health Inspectors are authorised officers for the purpose of this Act.

Number of Establishments Licensed .. .. . 1

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Prescribed particulars to be included in the Annual Report to the Minister of Labour by Local Authorities and the London County Council under Section 60

Table A : Registration and General Inspections.

Period covered : to December 1969.

Class of Premises	Number of premises registered during year.	Total number of registered Oremises at end of year	Registered Premises receiving General Insp.
Offices	Nil	14	5
Retail Shops	Nil	38	29
Wholesale Shops warehouses	Nil	Nil	Nil
Catering establishments open to the public, canteens	Nil	12	5
Fuel Storage Depots	Nil	Nil	Nil
Totals	Nil	64	39

Total Number of visits to registered Premises under the Act :- 44

H. SHARRATT

Chief Public Health Inspector





